

Garrigues (H. J.)

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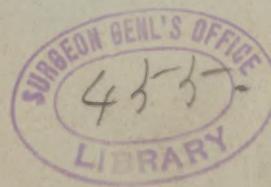
INTRA-UTERINE PACKING FORCEPS.

BY

HENRY J. GARRIGUES, M.D.,

Professor of Obstetrics at the New York Post-Graduate Medical School and Hospital;
Gynecologist to St. Mark's Hospital, etc.

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INTRATERINE PACKING FORCEPS.

So far as I know, it is to Professor Fritsch, of Breslau, we owe the method of packing the uterine cavity with iodoform gauze.¹ It is an excellent method for many purposes, such as arresting hemorrhage in obstetric and gynecological cases, or treating endometritis and parenchymatous metritis. The gauze is in itself a remedy and may be used as a carrier for medicinal fluids or powders: It acts not only directly on the mucous membrane with which it comes in contact, but indirectly on the structure of the muscular layer of the uterus.

It is used both in the neck and the body of the womb. In the cervix it is easily applied with some kind of dressing forceps or applicator. For the puerperal uterus, with its wide, soft cervix, the strong curved forceps mentioned in my "Guide in Antiseptic Midwifery"² as suitable for introducing intrauterine suppositories, are serviceable; but for gynecological cases, especially the small uterus of a nullipara, there is no convenient instrument. I have, therefore, had the one made which is delineated in the accompanying figure. It is eleven inches long, curved like a male catheter, very slender in the part that corresponds to the cervix. It has a knob like a uterine sound, as a safeguard against wounding or perforating the uterus. The last inch of the inner surface of the branches is ridged transversely, so as to get a good hold of the strip to be carried into the interior of the uterus. For

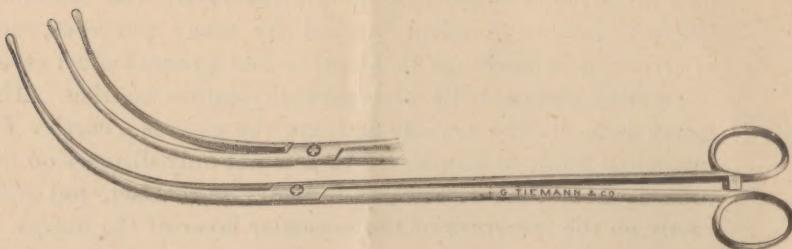
¹ H. Fritsch, Volkmann's Klinische Vorträge, No. 288, Leipzig, 1886.

² Garrigues, "Practical Guide in Antiseptic Midwifery," [Detroit, Mich., 1886, p. 59.]

the same purpose the instrument has a catch; and a French lock permits it to be cleaned thoroughly and with ease.

This instrument has stood the test of practical trial in my own hands and those of others, and I am sure everybody who will try it will be pleased with the ease and rapidity with which by its use any uterine cavity can be filled.

The patient occupies the dorsal decubitus. Cusco's speculum or a similar instrument is introduced. In many cases it is not even necessary to dilate the cervical canal. The gauze is cut in strips an inch wide, one end of the strip is seized between the branches of the forceps, the catch is closed, and the



forceps is carried right up to the fundus. Then the instrument is opened and withdrawn. Arrived at the external os, it seizes again the strip and carries a second fold up to the fundus, and so on until the whole cavity is full. An end is left hanging in the vagina by means of which the gauze can be withdrawn.

On account of the porosity of the gauze, the tampon works at the same time as a drain. Being impregnated with iodoform, it may be left in for five or six days, if it is applied after curetting and washing out with disinfectants. In gonorrhoeal endometritis it is changed every day.

Far from causing pain, the packing gives comfort, probably on account of the anodyne effect of the iodoform.

